

<i>SERFF Tracking Number:</i>	<i>LDRE-125693418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G4708F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>updating Company Logo/G4708F</i>		

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

Filing Type: Form

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

State Filing Description:

SERFF Tr Num: LDRE-125693418 State: Arkansas

SERFF Status: Closed

Co Tr Num: G4708F

Co Status:

Author: Joy Landholm

Date Submitted: 06/12/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 06/13/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):
09/01/2008

General Information

Project Name: updating Company Logo

Project Number: G4708F

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our domicile state, is file and use

Reference Organization:

Reference Title:

Filing Status Changed: 06/13/2008

State Status Changed: 06/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Our Company is filing the following Independent Commercial Auto Forms with your Department for all policies written to become effective on or after September 1, 2008:

GC 10 00 09 08 – Countrywide Coverage Selection Form

Form GC 14 10 09 08 is specific to Arkansas

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number:	LDRE-125693418	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G4708F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	updating Company Logo/G4708F		

GC 14 10 09 08 – Arkansas Coverage Selection Form

HO 00 56 09 08 - Important Notice – Stated Amount Physical Damage

GC10 00 09 08 has been updated with our new Logo and to comply with state requirements.

GC 14 10 09 08 has been updated with our new Logo and changed the edition date.

HO 00 56 09 08 has been updated with our new Logo and changed the edition date.

GC 10 00 09 08 replaces GC 10 00 01 05 which was approved by your Department effective January 1, 2005.

GC 14 10 09 08 replaces GC 14 10 07 07 which was approved by your Department effective July 1, 2007 under your File # ARPC07024707.

HO 00 56 09 08 replaces HO 00 56 05 95 which was approved by your Department effective August 1, 2005.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician	j.landholm@gwccnet.com
1100 W. 29th Street	(800) 228-8602 [Phone]
South Sioux City,, NE 68776	(402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company	CoCode: 11371	State of Domicile: Nebraska
1100 W. 29th Street	Group Code: 150	Company Type: P & C
So. Sioux City, NE 68776	Group Name:	State ID Number:
(402) 494-2411 ext. [Phone]	FEIN Number: 47-6024508	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Nebraska, our domicile state, has NO filing fees
	1 filing X \$50 = \$50.00
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>LDRE-125693418</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>G4708F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>updating Company Logo/G4708F</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	06/12/2008	20813651

<i>SERFF Tracking Number:</i>	<i>LDRE-125693418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G4708F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>updating Company Logo/G4708F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/13/2008	06/13/2008

<i>SERFF Tracking Number:</i>	<i>LDRE-125693418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G4708F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>updating Company Logo/G4708F</i>		

Disposition

Disposition Date: 06/13/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LDRE-125693418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G4708F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>updating Company Logo/G4708F</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	GC 10 00 09 08 - mark-up	Approved	Yes
Form	Countrywide Coverage Selection Form	Approved	Yes
Form	Important Notice - Stated Amount	Approved	Yes
	Physical Damage		
Form	Arkansas Coverage Selection Form	Approved	Yes

SERFF Tracking Number:	LDRE-125693418	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G4708F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	updating Company Logo/G4708F		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Countrywide Coverage Selection Form	GC 10 00	09 08	Other	Replaced	Replaced Form #:0.00 GC 10 00 01 05 Previous Filing #:		GC 10 00 09 08.pdf
Approved	Important Notice - Stated Amount Physical Damage	-HO 00 56	09 08	Other	Replaced	Replaced Form #:0.00 HO 00 56 05 95 Previous Filing #:		HO 00 56 09 08.pdf
Approved	Arkansas Coverage Selection Form	GC 14 10	09 08	Other	Replaced	Replaced Form #: GC 14 10 07 07 Previous Filing #: ARPC07024707		GC 14 10 09 08.pdf



Policy Number: _____

Uninsured Motorists and Underinsured Motorists Coverage Selection Form

Uninsured Motorist Coverage provides for the protection of any person insured under the policy that is legally entitled to recover compensatory damages from the owners or operators of uninsured motor vehicles because of bodily injury or property damage sustained by an insured and caused by an accident. Underinsured Motorist Coverage provides protection for bodily injury suffered by any person insured under the policy, where the injury to the insured exceeds the limits of coverage available for payment to the insured under all bodily injury insurance policies and liability bonds covering the owners or operators of the motor vehicles that caused the accident. In some states, those limits must also be less than the insureds underinsured motorist coverage limits. In the State of Washington, "Underinsured Motorist Coverage" refers to both uninsured and underinsured motorist coverage.

The uninsured and underinsured motorist laws vary from state to state. Some states require us to offer limits up to the liability limits in the policy and allow you to select those limits, the basic limits, or to reject the coverage completely. Other states allow you to select limits up to the liability limits in the policy, but require that Uninsured and Underinsured Motorists Coverage be provided at least minimum basic limits and do not allow you to completely reject the coverage.

You have autos insured under this policy that are either licensed or principally garaged in more than one state. Below, you should mark with an "☒" each of those states in which you have autos. In those states that require you to maintain minimum limits, you will be provided the minimum basic limits or the higher limits that you have selected for those insured autos that are licensed or principally garaged in any of those states. For all autos licensed or principally garaged in those states that allow you to completely reject coverage, you will have no Uninsured or Underinsured Motorist Coverage if you completely reject the coverage, or you will have the limits you selected.

Bodily Injury Uninsured and/or Underinsured Motorist Coverage

Below, all states and the District of Columbia are divided into three separate categories for the selection of Uninsured and/or Underinsured Motorists Coverage to cover bodily injury; those requiring you to have at least minimum limits of Uninsured and/or Underinsured Motorists Coverage, those that allow you to completely reject Uninsured and/or Underinsured Motorists Coverage, and those states that require you to complete a specific state form to make that selection.

Unless another selection form is signed for a specific state, you understand that the selection made by this form applies to all autos in all states. You also understand that we do not have to provide this coverage on your renewal policy when you have rejected the coverage on a policy previously issued by us.

STATES REQUIRING UNINSURED AND/OR UNDERINSURED MOTORISTS COVERAGE

Any state listed in this section requires that we offer you Uninsured and/or Underinsured Motorists Coverage limits equal to the liability limits on your policy and for you to maintain a minimum amount of Uninsured and/or Underinsured Motorists Coverage for those autos licensed or principally garaged in that state. You cannot completely reject the coverage. The Minimum Limits, (listed in \$1,000's), refers to the limits per person and the limits per accident. Please indicate by an "☒" each state where you have autos licensed or principally garaged:

State	Min. Limits
<input type="checkbox"/> District of Columbia	\$25/50
<input type="checkbox"/> Illinois	\$20/40
<input type="checkbox"/> Kansas	\$25/50
<input type="checkbox"/> Maine	\$50/100

State	Min. Limits
<input type="checkbox"/> Minnesota***	\$25/50
<input type="checkbox"/> Missouri	\$25/50
<input type="checkbox"/> Nebraska	\$25/50
<input type="checkbox"/> New York	\$25/50

State	Min. Limits
<input type="checkbox"/> South Dakota	\$100/300
<input type="checkbox"/> Vermont	\$50/100
<input type="checkbox"/> Virginia	\$25/50
<input type="checkbox"/> Wisconsin	\$25/50

For each of those states listed above, Bodily Injury Uninsured and/or Underinsured Motorists Coverage is selected as follows: **(Please indicate your selection by an "☒")**

- ☐ Uninsured/Underinsured Motorists Coverage for bodily injury is **Selected** at the Minimum Limits.
☐ Uninsured/Underinsured Motorists Coverage is **Selected** at the higher limits of

_____/_____/_____ (Split) or _____ (CSL).
 (Cannot be lower than the minimum limit nor exceed the liability policy limits.)

STATES ALLOWING REJECTION OF UNINSURED AND/OR UNDERINSURED MOTORIST COVERAGE

Any state listed in this section requires that we offer you Uninsured and/or Underinsured Motorists Coverage limits equal to the liability limits on your policy*, but not less than the minimum limits allowed by the state. Each state also allows you to completely reject Uninsured and/or Underinsured Motorists Coverage or to purchase coverage between the minimum limits, (listed in \$1,000's), and the liability limits on your policy. Please indicate by an "☒" each state where you have autos licensed or principally garaged:

State	Min Limits
<input type="checkbox"/> Alabama	\$20/40
<input type="checkbox"/> Alaska	\$50/100
<input type="checkbox"/> Arkansas	\$25/50
<input type="checkbox"/> Arizona	\$15/30
<input type="checkbox"/> California*	\$15/30
<input type="checkbox"/> Colorado	\$25/50
<input type="checkbox"/> Delaware	\$15/30
<input type="checkbox"/> Florida***	\$10/20

State	Min Limits
<input type="checkbox"/> Georgia	\$25/50
<input type="checkbox"/> Idaho	\$25/50
<input type="checkbox"/> Indiana	\$25/50
<input type="checkbox"/> Iowa	\$20/40
<input type="checkbox"/> Kentucky	\$25/50
<input type="checkbox"/> Massachusetts	\$20/40
<input type="checkbox"/> Montana	\$25/50
<input type="checkbox"/> Nevada	\$15/30

State	Min Limits
<input type="checkbox"/> New Mexico***	\$25/50
<input type="checkbox"/> North Dakota**	\$25/50
<input type="checkbox"/> Ohio	\$25 CSL
<input type="checkbox"/> Rhode Island	\$25/50
<input type="checkbox"/> Tennessee	\$25/50
<input type="checkbox"/> Texas	\$25/50
<input type="checkbox"/> Washington	\$25/50
<input type="checkbox"/> Wyoming	\$25/50

For each of those states listed above, Bodily Injury Uninsured and/or Underinsured Motorists Coverage is selected as follows. **(Please indicate your selection by an "☒")**:

- ☐ Uninsured/Underinsured Motorists Coverage for bodily injury is completely **Rejected** in each state.
☐ Uninsured/Underinsured Motorists Coverage for bodily injury is **Selected** at the Minimum Limits.
☐ Uninsured/Underinsured Motorists Coverage is **Selected** at the following limits of

_____/_____/_____ (Split) or _____ (CSL).
 (Cannot be lower than the minimum limit nor exceed the Liability policy limits.)

* The maximum limit for California is 30,000/60,000.

** North Dakota coverage cannot be rejected for any vehicle with a gross vehicle weight of less than 20,000 lbs.

*** Florida, Minnesota and New Mexico also allow you to stack your Uninsured and/or Underinsured Motorist Coverage. If you have rejected coverage, stacking is also rejected. If you have selected coverage, you must also select or reject the stacking option, which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. If rejected, the limits of coverage shall be the limits stated in the policy.

- ☐ Stacking is **Rejected**.
☐ Stacking is **Selected**.

Property Damage Uninsured Motorist Coverage

The states listed below also allow you to reject or select Uninsured Motorists Coverage for property damage. In some states, if the policy contains collision coverage, Uninsured Motorists Property Damage Coverage IS NOT available. The limits available would be those listed, or actual cash value, whichever is less. If there are no limits listed, you would be provided coverage at the actual cash value. Some states also require or allow you to select a deductible. The deductible amounts are also listed next to the state. You cannot select Uninsured Motorists Coverage for property damage if you have rejected it for bodily injury.

Please indicate by an "☒" each state where you have autos licensed or principally garaged:

State	Limits	Deductible
<input type="checkbox"/> Alaska	\$25,000	
<input type="checkbox"/> Arkansas	\$25,000	\$200
<input type="checkbox"/> California	\$ 3,500	Choose below
<input type="checkbox"/> Colorado		
<input type="checkbox"/> Delaware	\$10,000	\$250
<input type="checkbox"/> District of Columbia	\$5,000	\$200
<input type="checkbox"/> Georgia	\$25,000	Choose below
<input type="checkbox"/> Indiana	\$10,000	Choose below

State	Limits	Deductible
<input type="checkbox"/> New Mexico	\$10,000	\$250
<input type="checkbox"/> Ohio	\$ 7,500	\$250
<input type="checkbox"/> Rhode Island	\$25,000	\$200
<input type="checkbox"/> Tennessee	\$10,000	\$200
<input type="checkbox"/> Texas	\$25,000	\$250
<input type="checkbox"/> Vermont	\$10,000	\$150
<input type="checkbox"/> Virginia	\$20,000	
<input type="checkbox"/> Washington	\$10,000	

For each of those states listed above, Uninsured Motorists Coverage for property damage is selected as follows. **(Please indicate your selection by an "☒"):**

- ☐ Uninsured Motorists Coverage for Property Damage is **Rejected**
- ☐ Uninsured Motorists Coverage for Property Damage is **Selected** at the limits permitted in those states or at the following amount: _____.
- (Not to exceed the Actual Cash Value.)

If you have autos in California, Georgia or Indiana and have selected coverage for property damage, you also have to choose a deductible for your coverage. **(Please indicate your selection by an "☒"):**

- California: ☐ No Deductible ☐ Same as collision deductible.
- Georgia: ☐ No Deductible ☐ \$250 ☐ \$500 ☐ \$1000 ☐ \$2,000
- Indiana: ☐ No Deductible ☐ \$300

STATES THAT REQUIRE A SEPARATE COVERAGE SELECTION FORM

If you have any autos licensed or principally garaged in the states listed below, a separate state-specific selection form is required for each state. Please indicate by an "☒" each state where you have autos licensed or principally garaged and a separate form will be provided for you:

<input type="checkbox"/> Connecticut
<input type="checkbox"/> Louisiana
<input type="checkbox"/> Michigan
<input type="checkbox"/> Mississippi

<input type="checkbox"/> New Jersey
<input type="checkbox"/> North Carolina
<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon

<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> South Carolina
<input type="checkbox"/> Utah
<input type="checkbox"/> West Virginia

Maryland does not require a selection form for commercial autos. New Hampshire requires UM limits to be issued at the bodily injury liability limits and no selection is necessary.

The undersigned understands that the coverage selection made will apply to this policy, any future renewals of this policy, and all replacement policies issued by Great West Casualty Company or any of its affiliates until you notify us in writing to change your selection. Every Applicant/Named Insured must be listed separately and sign this form. If the Applicant/Named Insured is not an individual, an authorized representative must sign this form.

Applicant/ Named Insured:			Date:	
Signature By:		Title:		
Applicant/ Named Insured:			Date:	
Signature By:		Title:		



IMPORTANT NOTICE

STATED AMOUNT PHYSICAL DAMAGE

Physical damage coverage provided by this policy is on a stated value basis. The amount shown in the Schedule of Autos is not necessarily the amount you will receive at the time of loss or damage to the covered auto. The most we will pay for loss in any one accident is the LIMIT OF INSURANCE. The least we will pay is:

1. The actual cash value of the damaged or stolen property as of the time of loss; or
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
3. The amount shown in the schedule of autos or shown as the LIMIT OF INSURANCE elsewhere in the policy.

Values are constantly changing. Please be sure the amounts of insurance shown reflect the actual cash value of the unit(s).



Policy Number _____

**ARKANSAS UNINSURED MOTORISTS COVERAGE, MEDICAL AND HOSPITAL BENEFITS,
INCOME DISABILITY, AND ACCIDENTAL DEATH BENEFITS
SELECTION FORM**

Arkansas statute requires Uninsured Motorists Bodily Injury Coverage be provided in an amount equal to the Arkansas Bodily Injury Financial Responsibility limit of \$25,000 each person/\$50,000 each accident. Arkansas statute also requires that Uninsured Motorists Bodily Injury Coverage be offered with limits equal to the policy Bodily Injury Liability limits. The higher limits can be rejected. Uninsured Motorists Bodily Injury Coverage can also be rejected in its entirety and does not have to be offered on renewal policies when it has been rejected on a previously issued policy. Uninsured Motorists Coverage provides for the protection of any person insured under the policy who is legally entitled to recover damages from owners or operators of an uninsured motor vehicle because of bodily injury, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Bodily Injury Coverage is selected as follows: **(Please indicate by an "X")**

- ☐ Uninsured Motorists Bodily Injury Liability Coverage, (UM/BI), is **REJECTED** entirely.
- ☐ UM/BI Coverage is **SELECTED** at the minimum limits of \$25,000 per person/\$50,000 per accident and the higher limits are rejected.
- ☐ UM/BI Coverage is **SELECTED** at the higher limits of \$ _____ per person,
\$ _____ per accident, or \$ _____ Combined Single Limit,
(but not in excess of the policy bodily injury liability limit).

Arkansas statute states that every Insured purchasing Uninsured Motorists Bodily Injury Coverage shall be provided an opportunity to include Uninsured Motorists Property Damage Coverage with a \$200 deductible. If a covered auto has collision coverage, the \$200 deductible does **not** apply to that auto. Uninsured Motorists Property Damage Coverage can be rejected and does not have to be offered on a renewal policy when it has been rejected on a previously issued policy.

Uninsured Motorists Property Damage Coverage is selected as follows: **(Please indicate by an "X")**

- ☐ Uninsured Motorists Property Damage Coverage, (UM/PD), is **REJECTED**.
- ☐ UM/PD Coverage is **SELECTED** at limits of \$ _____ per accident, (but not in excess of the policy property damage liability limit).

Arkansas statute requires the following coverages be made available on any automobile policy covering private passenger autos. According to Arkansas statute, the definition of a private passenger type auto is in part:

- A. A motor vehicle of the private passenger or station wagon type that is **not** used as a public or livery conveyance for passengers, nor rented to others; or
- B. Any other four wheel motor vehicle with a load capacity of one thousand five hundred pounds (1,500 lbs.) or less which is **not used** in the occupation, profession, or business of the insured.

Any one or more of these coverages can be rejected in writing and do not have to be offered on any renewal policy when it has been rejected on a previously policy.

- A. Automobile Accidental Death Benefits: Principal Sum \$5,000
- B. Medical and Hospital Benefits Coverage: Aggregate limit of \$5,000
- C. Income Disability Coverage: Income Earner - 70% of lost income for a maximum of 52 weeks, not to exceed \$140 per week: Non Income Earner \$70 per week, maximum not to exceed 52 weeks. (There is an eight day waiting period after the accident before benefits commence.)

Selection of Coverage is as follows: **(Please indicate by an "X")**

The following coverages are **REJECTED**:

- ☐ Automobile Accidental Death Benefits
- ☐ Medical and Hospital Benefits Coverage
- ☐ Income Disability Coverage

The following coverages are **SELECTED**:

- ☐ Automobile Accidental Death Benefits
- ☐ Medical and Hospital Benefits Coverage
- ☐ Income Disability Coverage

The undersigned understands that the selection made for Uninsured Motorists Coverage, Medical and Hospital Benefits, Income Disability, and Accidental Death Benefits will apply to this policy, any future renewals of this policy, and all replacement policies issued by Great West Casualty Company or any of its affiliates until you notify us in writing to change your selection. Every applicant/Named Insured must be listed separately and sign this form. If the applicant/Named Insured is not an individual, an authorized representative must sign this form.

Applicant/ Named Insured:			Date:	
Signature By:		Title:		
Applicant/ Named Insured:			Date:	
Signature By:		Title:		
Applicant/ Named Insured:			Date:	
Signature By:		Title:		
Applicant/ Named Insured:			Date:	
Signature By:		Title:		

<i>SERFF Tracking Number:</i>	<i>LDRE-125693418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G4708F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>updating Company Logo/G4708F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRE-125693418	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G4708F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	updating Company Logo/G4708F		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/13/2008
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Comments:

Attachments:

PC TD-1.pdf
PC FFS-1.pdf

Satisfied -Name:	GC 10 00 09 08 - mark-up	Review Status:	Approved	06/13/2008
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Comments:

Forms GC 14 10 09 08 and HO 00 56 09 08 do not have mark-up copies. The ONLY changes made to these 2 forms is we have updated our Company Logo and edition date. NO text has been edited.

Attachment:

HO 00 56 09 08 mark-up.pdf

Property & Casualty Transmittal Document

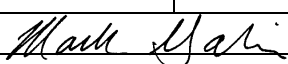
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #: LDRE-125693418</td></tr> <tr> <td>h. Subject Codes:</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business:		Renewal Business:		f. State Filing #:		g. SERFF Filing #: LDRE-125693418		h. Subject Codes:	
a. Date the filing is received:																					
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New Business:																					
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f. State Filing #:																					
g. SERFF Filing #: LDRE-125693418																					
h. Subject Codes:																					

3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G4708F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number}

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	20.0 - Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0000 Commercial Auto
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial Auto
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 09-01-2008 Renewal: 09-01-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	June 12, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	G4708F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Our Company is filing the following Independent Commercial Auto Forms with your Department for all policies written to become effective on or after September 1, 2008:

GC 10 00 09 08 – Countrywide Coverage Selection Form
GC 14 10 09 08 – Arkansas Coverage Selection Form
HO 00 56 09 08 - Important Notice – Stated Amount Physical Damage

GC10 00 09 08 has been updated with our new Logo and to comply with state requirements.
GC 14 10 09 08 has been updated with our new Logo and changed the edition date.
HO 00 56 09 08 has been updated with our new Logo and changed the edition date.

GC 10 00 09 08 replaces GC 10 00 01 05 which was approved by your Department effective January 1, 2005.
GC 14 10 09 08 replaces GC 14 10 07 07 which was approved by your Department effective July 1, 2007 under your File # ARPC07024707.

HO 00 56 09 08 replaces HO 00 56 05 95 which was approved by your Department effective August 1, 2005.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	G4708F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Countrywide Coverage Selection Form	GC 10 00 09 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GC 10 00 01 05	
02	Arkansas Coverage Selection Form	GC 14 10 09 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GC 14 10 07 07	ARPC 07024 707
03	Important Notice - Stated Amount Physical Damage	HO 00 56 09 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	HO 00 56 05 95	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		



IMPORTANT NOTICE

STATED AMOUNT PHYSICAL DAMAGE

Physical damage coverage provided by this policy is on a stated value basis. The amount shown in the Schedule of Autos is not necessarily the amount you will receive at the time of loss or damage to the covered auto. The most we will pay for loss in any one accident is the LIMIT OF INSURANCE. The least we will pay is:

1. The actual cash value of the damaged or stolen property as of the time of loss; or
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
3. The amount shown in the schedule of autos or shown as the LIMIT OF INSURANCE elsewhere in the policy.

Values are constantly changing. Please be sure the amounts of insurance shown reflect the actual cash value of the unit(s).